

Sevacare (UK) Limited

# Sevacare - Leeds

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We inspected Sevacare Leeds on 27 and 28 June 2016. This was an announced inspection to ensure someone would be available in the office. This was the first inspection for the service. Sevacare took over running a previously registered service at this location in 2015.

The service is registered to provide personal care to people living in their own home. The service can provide care and support to people of any age.

The service did not have a registered manager at the time of our visit. A newly recruited manager was in post who had begun the process to register with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems for the management of medicines to make sure people received their medicines safely were not robust. Staff did not have all the guidance to enable them to know when to administer a person's medicine. We saw gaps in records to confirm a person had received their medicine as prescribed.

Prior to providing a service, staff completed environmental risk assessments of the person's home. Safety checks covered gas and electricity points, equipment to be used and general environment checking for clutter and falls risks.

There were risk assessments in place for people who used the service but we saw some areas of need were not risk assessed. We also saw staff had delivered support which had not been assessed and therefore the level of risk was not known.

Care records reviewed contained information about the person's likes, dislikes and personal choices. We saw people and their families were involved in developing their care plan with staff.

The manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. Staff could tell us how they were supporting people in line with the principles of the MCA. However there were no records of MCA assessments or best interest decisions where staff had highlighted a person may lack the capacity to make their own decisions.

There were systems in place to monitor and improve the quality of the service provided but they were not always effective. The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them. However actions put in place to prevent a recurrence of an issue were not always completed.

Staff told us the manager was supportive. The manager had put in place a plan to ensure staff received regular supervision and an annual appraisal. The majority of staff were up to date with training. Staff told us they had received training which had provided them with the knowledge and skills to provide care and support. Outstanding training had been arranged for July at this location 2016.

There were enough staff employed to provide support and ensure people's needs were met. However more staff were needed to relieve senior staff from caring duties and to provide consistent staff teams to people who used the service. Recruitment was on going. Effective recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice. People and family members told us staff treated people with dignity and respect. People told us staff were caring.

People were provided with their choice of food and drinks which helped to ensure their nutritional needs were met. Staff at the service worked with other healthcare professionals to support people to maintain good health and wellbeing.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Systems in place for the management of medicines and assessment of risk were not robust enough to ensure people were safe from harm.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns regarding the safety of people to the manager.

There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

The manager and staff had an understanding of the Mental Capacity Act 2005 and had received training. However there were no records of MCA assessment and best interest decision making for people who lacked capacity were in place.

Staff were trained to care and support people who used the service. Most staff had received supervision and a plan was in place to ensure all staff received an annual appraisal and regular supervision.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

### Is the service caring?

**Good** ●

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People and their families were included in making decisions about their care.

The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

### **Is the service responsive?**

The service was not always responsive.

People's needs were assessed and care plans were in place. However some people received support which had not been assessed as a need.

People we spoke with were aware of how to make a complaint or raise a concern. Not all actions to prevent issues reoccurring were completed following a complaint being raised.

**Requires Improvement** 

### **Is the service well-led?**

The service was not always well led.

Staff were supported by their manager and felt able to have open and transparent discussions with them.

There were systems in place to monitor and improve the quality of the service provided however they were not always effective in ensuring quality and safety.

**Requires Improvement** 

# Sevacare - Leeds

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Sevacare Leeds on 27 and 28 June 2016. This was an announced inspection to ensure someone would be available in the office.

The inspection team consisted of two adult social care inspectors on day one and one adult social care inspector on day two. An expert by experience who had experience of domiciliary care made telephone calls to people who used the service and family members to find out their views on the care and service they received.

Before the inspection we reviewed all the information we held about the service. Which included safeguarding and notifications we had received from the service. We also contacted the local authority to find out their views of the service.

The registered provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 71 people who used the service.

During the inspection we spoke with 16 people who used the service or their family members / representatives. We spoke with the manager, a branch manager from another of the provider's locations and nine staff members. We looked at eight people's care records, including care planning documentation and medication records. We also looked at eight staff files, including staff recruitment and training records, and records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We looked at the system in place for management of people's medicines. We found the system was not robust and this meant people were at risk of not receiving medicines as prescribed.

We saw the manager had recognised the medicines system was not working safely and they had implemented a range of checks and met with staff to discuss how to follow the medication process.

We saw the medication administration records (MARs) had gaps where staff should sign to confirm they had administered medication to people. We therefore could not assess if people had received their medicines.

The registered provider did not have guidance for staff to follow so they knew when to administer 'as and when required' medicines and they did not have topical medication administration charts to guide where creams and lotions should be administered on a person's body. The manager and branch manager told us the registered provider was in the process of developing such tools and they would soon be implemented for use in the service.

We saw in one person's daily notes staff had supported them with medicines but the person's care plan stated they did not require support with medicines. This meant the support being provided was not planned or risk assessed.

Staff told us they had received training in managing people's medicines safely and records we saw confirmed 90% of staff had completed this. The manager told us staff were observed regarding their competency to administer medicines but at the time of our visit the provider had no system to monitor or record who had been assessed as competent.

We spoke with people who used the service who needed help from staff to administer their medicines. People did not report any problems and advised care staff were reliable. One person said "They get my medicines ready for me and check I take them at the right time."

This was a breach of Regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Visual checks were carried out on gas and electrical appliances to make sure they were safe for use. Other checks included checking the lighting and finding out if the person smoked and checking for clutter which could pose to be a fire or falls risk. This meant the registered provider took steps to ensure the safety of people and staff.

There were some risk assessments in place for people who used the service which covered areas such as medicines and mobility. Most care records contained the level of detail needed to ensure support was delivered safely, for example, one care plan stated 'Make sure feet are flat on the footplate and legs are

resting on cushions'.

However we saw in some people's care plans staff had instructions to support people when the area of need had not been assessed for levels of risk. For example, in one care plan, staff were instructed to monitor a person's skin for pressure sores but no risk assessment had been completed. In another care plan we saw a person had poor balance and needed support with walking but no falls risk assessment had been completed. We saw in another person's initial assessment they were identified as not needing support with their mobility and yet their moving and handling plan stated they needed two staff for support when walking.

We discussed our findings with the manager and branch manager and were told the registered provider had a lot of documents available to use for assessment of risk and people's needs but the staff who completed these tasks needed more support to get to know the process. Prior to our visit manager had started to sign off each person's care plan before they were given to staff because they had noted quality required monitoring.

This was a breach of Regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The manager was aware of local safeguarding protocols. Staff told us they had received training in abuse and safeguarding of vulnerable adults and records we saw confirmed this. They told us the training had provided them with the information they needed to understand the safeguarding processes which were relevant to them.

One staff member told us they had recently raised concerns and were pleased with how the care co-ordinator had dealt with the issue and they knew it had been reported straight away.

Records we looked at confirmed the service had worked with other individuals and agencies to safeguard and protect the welfare of people who used the service. Incidents were recorded on a report form and the process of initial reporting through to learning lessons from the incident were recorded.

People we spoke with told us they felt safe. One person told us they felt less safe when new care workers arrived to support them in their home. One person said "I don't know who is coming but it's usually one from the team and not usually a complete stranger." Whilst another person said "I get a lot of different ones, they don't stay two minutes."

We discussed this with the manager and the branch manager who told us they had had a turnover of staff in the past and recruitment was something they continually focussed on. The manager told us they needed more staff as the team leaders and care co-ordinators had to help out covering calls.

People gave us mixed feedback about staff arriving on time and staying for the correct length of time. One person said "They stay the right amount of time." Another person said "They are not always on time, sometimes they are inappropriately early." Whilst others said "Carers are really good but they need more staff so they can come at expected times." And "It feels like they are rushed, there is not enough staff, they leave quickly two weeks and they're off."

The manager had spent time speaking to people, staff and family members to understand everyone's point of view. The manager had prepared an action plan to focus on recruitment, improved induction and better



planning of the rota system and calls being covered.

We looked at the rotas system and could see work had been done to ensure staff had gaps in between calls to reduce lateness and also to improve consistency of people who supported each person. This was still work in progress but retention had improved and we saw from records only one missed call had occurred since January 2016. This meant people had received the support they required.

During the inspection we looked at the records of eight newly recruited staff to check the registered provider's recruitment procedure was effective and safe. Evidence was available to confirm appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

References had been obtained and where possible one of which was from the last employer. The manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service. This meant the registered provider followed safe recruitment procedures.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager told us staff had not received any specific training in MCA but the basic principles had been included in induction training. When we spoke with staff they understood how to offer people choice and how to empower people to make their own decisions. Staff could give examples of how they did this every day when they supported people. For example one staff said "I explain things to people so they understand and if they refused support I would respect this. But if the person refused and it meant they may be harmed, like not taking their medicine, I would always report this and ask for advice."

Within people's care plans there were various consent forms people and their relatives had been asked to sign for things such as 'consent to share information' and 'medication agreement form'. We saw no records in people's care plans of MCA assessments or decisions made in a person best's interest where staff felt a person may lack capacity to understand the decision to be made.

We spoke with the manager who told us the team leaders were due to attend more advanced training in MCA in August 2016 and they would then begin to implement the use of MCA during assessment and care planning.

This was a breach of Regulation 11 (Need for Consent) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they were mostly confident staff had the skills and knowledge to support people with their specific needs. One person told us, "Well trained amazingly well, doing the job very well." Concerns people told us were mainly around new staff members or staff who covered calls when regular care workers were not able. People told us "The regular ones are lovely but fill in ones do not know the routine." And "Some carers are not very good, too inexperienced with not enough training."

We looked at staff training information which showed us training was mostly up to date and the few staff who required updates were booked to do those in July 2016.

Staff we spoke with during the inspection told us on the commencement of their employment they undertook a full induction. Staff confirmed the quality of the training was good and provided them with the skills and knowledge to do their job. This included reading policies and procedures, attending training for induction and shadowing other experienced staff whilst they provided care and support to people. This helped to ensure people were supported by skilled and experienced staff.

One staff member told us about their induction. They said, "Training is good I have covered lots at the

induction and with moving and handling we are learning about new and better practices so we do things better. We also learn on the job."

The manager told us when they had started in post in April 2016; they implemented a programme of supervision of staff which would ensure staff received at least two one to one sessions with their line manager each year. We saw from records that some staff still had not received a supervision at the frequency of two annually. The manager told us everyone would have supervision by the end of July 2016. Staff told us supervision with the manager was effective and they felt the manager listened to them and acted upon any issues they raised promptly. Other staff told us the office staff were approachable and they knew where to seek support should they need to. We reviewed staff files and saw staff had not received an annual appraisal. We discussed this with the manager who told us they were all booked in with the relevant line manager.

The service provided support to some people at meal times. Those people who were able were encouraged to be independent in meal preparation. Staff encouraged and supported people to have meals of their choice. One person said, "They make me a sandwich for the next day." A family member told us "One carer supports them to make a shopping list and they go to the shops together. The carers cook for them and make sure they get a reasonable diet." Another relative said "They know their likes and dislikes about food."

One person felt the support they received around shopping and meal preparation did not meet the agreement made in their support plan. We saw records to confirm the provider had listened to the person and the professionals involved to improve this situation prior to our visit. The manager told us they were working to improve the service for this person.

The manager and staff we spoke with during the inspection told us they worked with other healthcare professionals to support the people. We saw people's health conditions were recorded in their care plans and staff told us they were aware of how to support people with their health needs. We were told about examples of the team working with district nurses to support people with pressure sores and how this support had been successful because the sores had healed. This meant people were supported to maintain good health and had access to healthcare services.

## Is the service caring?

### Our findings

Most people we spoke with as part of the inspection process were complimentary about the care and service received. One person said, "Staff take time to chat, they get on with you, sit talking, it's not just a job to them." And "They care about what they are doing for you, don't make you feel like you are doing them a favour, down to earth and not stuck up." A family member said "Very nice, professional and polite girls."

Care files contained information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. For example one care plan told us the person liked to choose their own clothes and another care plan said what type of shampoo a person liked to use.

Staff spoke with kindness and compassion about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. People confirmed this happened, one person told us "They ask me what I want to do, I decide if I want a wash or a shower."

It was clear from our discussions with staff, the values of privacy and dignity underpinned the work they carried out with people. Staff told us they ensured curtains were closed and people had privacy when using the toilet as examples of their practice. One person who used the service told us how staff maintained their dignity and privacy, they said, "They make sure I don't feel embarrassed." A family member told us their relative preferred female support and on one occasion the office staff had allocated two male workers, once this was highlighted the office responded by sending a female worker to support their relative.

We saw preference around the gender of care workers was recorded in people's care plans. One person's preference was recorded as female care workers. However a male care worker told us they do visit to support this person but do not support with personal care. The person's agreement to this was not recorded in their care plan.

People and their families told us they were mostly involved in the assessment for their care and support. One person said "My care plan is reviewed regularly with me involved."

## Is the service responsive?

### Our findings

People and family members we spoke with told us staff knew them well and were responsive to their needs. One person said, "They do everything I want, keep me company." Another said "They ring me up to see if everything is alright." And "One lady from the office has come and made a new care plan."

During our visit we reviewed the care records of eight people who used the service. Care plans described the support needed at each of the visits. The care records we looked at detailed person centred care and support the person needed. For example; a person liked Horlicks or Ovaltine for their late night drink before bed and the specific place where clothes were stored in the person's house. This meant people's preferences were built into the care and support plans so people received support they had chosen.

This level of detail also demonstrated people and their families were involved in developing the care plan with the service. One family member told us "The care plan was made up by the carer looking at the doctor's letter and chatting with me." We did receive feedback from one person that their care plan had changed without their knowledge or involvement and they were working with the service as they had raised concerns about this.

We spoke with the manager who told us the care and support plans were being transferred onto the Sevacare format and this had meant the care coordinators and team leaders had been visiting people and families to complete this task.

Staff told us the care and support plans covered everything they needed in most cases. Staff also told us they do report to the office when people's needs change or they have concerns. One staff said "I rang last week because I was unsure and they always listen and I got a really good response." However we saw not every area of need staff delivered support for was assessed, for example where a person was being supported with medications and no plan of care was in place. This had been noted by the manager who was signing off all newly written care plans. The manager told us staff who completed assessments would be provided with support to understand all the assessment documents they could use to plan people's support safely and effectively.

We looked at the complaints received in 2016. We saw complaints had been fully investigated but actions put in place to minimise a recurrence had not always been completed. Where any concerns were identified these were acted upon quickly to avoid any unnecessary upset.

We looked at the complaint's procedure, which informed people how and whom to make a complaint to. One of the team leaders we spoke with told us they always go through how to make a complaint on the very first visit when they tell people about the service.

All of the people we spoke with knew how to raise concerns and those who had already raised concerns felt they had mostly been dealt with quickly, although two people felt the issues they had raised had only improved temporarily and then reoccurred. Other people told us "There's nothing to complain about,

absolutely brilliant." And "I made a complaint about one carer I felt was unsafe and this is being sorted out."

The manager was aware of the types of concerns people felt were recurring and they were working to improve the systems around consistency for people and call times/ lateness. In one case we saw detailed records where the manager and the team had worked with the local authority and the person to try to resolve the issues raised. The manager told us the plans they had started to implement, to improve service delivery.

## Is the service well-led?

### Our findings

The service did not have a registered manager at the time of our visit. A newly recruited manager was in post who had started the process to register with the CQC.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services.

The manager told us the quality of the service delivered to people was assessed through a series of checks on staff and feedback they seek from people. We saw the spot checks form assessed staff timekeeping, appearance and readiness to fulfil the call for a person. This was completed by team leaders who waited outside a person's home to check the areas described. The manager told us this should happen twice per year for each staff member. We saw records for four staff and not all had received two spot checks in 12 months.

We saw after care spot checks which are completed when management have concerns about a staff member's performance and these included checking the daily notes, medication sheets and tidiness of the person's home once staff had left a call. The form also asked the person completing this check to ask for feedback from people who received the service. We saw where issues had been noted during an after care spot check they were not always followed through by speaking to staff about their performance. For example one form told us a member of staff had left a person's bed wet and we could find no record this had been communicated back to the staff member.

Where other systems and process such as complaints highlighted actions to monitor staff performance or service provision we found the actions had not always been completed. For example following a complaint it was recorded that after care spot checks would be carried out for the subsequent four weeks. We could find no records to tell us this had happened.

We saw a check called a 'care worker assessment' with competencies, which was completed when staff were observed during a call. Each area of competence was graded and staff received this feedback to make plans to improve where concerns were identified. We were told by the manager and branch manager the frequency required for each staff member was two per year. Of the four staff files we looked at only one staff had received two care worker assessments in the past twelve months.

The manager told us telephone monitoring calls were made to each client every six months to seek feedback on their service. The manager told us these were not up to date when they had commenced employment and they had implemented an action for these to be completed quickly. 102 of these calls had been completed when we visited and the manager told us 98 of the people spoken to, provided positive feedback. The registered provider had not sent surveys to people they supported since they had taken over the service provision in 2015. We were told by the manager this was planned for August 2016.

We saw daily notes audits had re-commenced since the manager started their role, however issues within the notes had not been picked up during the audit. For example staff had administered medicines to a

person where support plans and risk assessments were not in place and on another occasion staff had used a person's bank card without proper assessment or authorisation. The manager told us the staff member who had completed the audit did not have any knowledge of people's support. Following our feedback these audits were immediately delegated to the staff members who did know people's support needs.

The performance of the branch in meeting the registered provider's policies around quality assurance was monitored through the manager's supervision meetings from their line manager and through the manager submitting a weekly report. We saw examples of this report which focused on reporting the volume of tasks completed by the branch in areas such as spot checks. The manager did not inform us if the branch was meeting expected requirements.

The manager also told us the area manager remotely completed audits of the computer programme where information is recorded about quality to monitor the quality of checks completed and they also looked at documents when they visited the branch. The care services director forwarded us information following the inspection which demonstrated an employee file and care file audit had been completed in June 2016. We saw this audit recognised care files were not compliant to the registered provider's standard however no action plan was put in place following this visit to monitor improvements.

We saw a corporate action plan the registered provider had in place for the whole provider which focused on improving quality across the registered provider's locations.

The manager in conjunction with the branch manager from another location had produced an action plan which focused on improving where they knew areas needed to be addressed. This had been shared with the local authority. Actions such as improving staff supervision frequency, developing the care plan system and ensuring gaps in between call times were sufficient were all identified.

However we did not see the registered provider audits were effective enough to ensure a safe and quality service for people they supported. For example; although an action to transfer all care plans documents to a new format had been addressed, our visit showed the system was still not robust around risk assessment and a full assessment of need for people.

This was a breach of Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and family members we spoke with gave varied feedback on their experience of the services leadership. This varied from "I'm happy with the way it is run." And "It is well run, all good." To "It is not organised properly a proper shambles." And office staff are not good."

The registered provider had recently recruited a new office staff team to support the manager to improve the experience people received from the service. Staff told us "It's got better in the last few months and especially the last two months. Rotas are being managed better." Another staff told us "So much has changed since [Name of manager] has been here. They do spot checks to make sure we are doing everything alright. No concerns it is definitely improving. We had a difficult time, it was a mess."

Prior to the manager starting employment, the registered provider had also asked the branch manager from another location to support the service. Staff told us at the time "[Name of branch manager] was like a breath of fresh air. We can go to anybody in the office and they are very approachable."

We spoke with the manager who told us they had worked hard in their new role to ensure there were clear



lines of management and accountability and all staff who worked for the service were very clear on their role and responsibilities. The manager told us they had worked to support all of the team with changes they had implemented to ensure there had been a positive impact on the service provided. A team leader told us "The team is positive, there are still a few areas to improve, but we are trying to make sure people work in their own area and with the knowledge of staff who are more experienced with people the service supports things are getting better."

Staff told us the manager and other senior staff had an open door policy so staff have access to support at all times. The manager had introduced regular team meetings and also communicated with staff through memos so staff received up to date information about the service. We saw records to confirm this had happened. The manager had also introduced office meetings for the senior team. Staff told us "Office team meetings have been productive."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider was not assessing mental capacity or recording best interest decisions where assessment found a person could not make their own decisions. Regulation 11 (1) (3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The system to ensure safe and effective management of medicines was not robust. The provider was not assessing all known risks and providing staff with information to mitigate such risks. Regulation 12 (1), (2), (a), (b), (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not have robust systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2) (a), (b), (f).